

District:	Indiana Dept. of Transportation Economic Opportunity Division 100 North Senate Avenue Room N750 Indianapolis, Indiana 46204-2216 (317) 233-6511 FAX: (317) 233-0891 An Equal Opportunity Employer • http://www.in.gov/indot/2576.htm		
Contractor:			
Employment Period:			
Job Classification:			
OJT Trainee Introduction Form			
1. Contractor Name and Address:		1a. Address:	
2. Name of Trainee:		2a. Address/Telephone Number:	
3. Date of Birth:	4. Social Security Number: (last 4 digits)	5. Employee Status (Check One): <input type="checkbox"/> New Hire <input type="checkbox"/> Up-Grade – From what? _____	
6. Racial/Ethnic Identification (Check One): <input type="checkbox"/> Black <input type="checkbox"/> American-Indian <input type="checkbox"/> Asian-Indian <input type="checkbox"/> Asian-Pacific <input type="checkbox"/> Hispanic <input type="checkbox"/> White			7. Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
8. Summary of Previous Training (Enter total hours and type of training received by Trainee):			
9. Does Trainee Have Any Experience Performing Work Stipulated Under the Approved Program? Yes _____ No _____. If Yes, briefly summarize: _____ _____			
10. Job Classification of Trainee (Name or title of training program):		11. Date Training Started On this Contract:	12. How Long Has Trainee worked for Contractor?
13. Type of Training Program: <input type="checkbox"/> Union Apprenticeship <input type="checkbox"/> American Road Builders <input type="checkbox"/> Indiana Laborers Training Program <input type="checkbox"/> Contractor Developed/BAT Approved <input type="checkbox"/> Other – Specify _____			
14. Total Hours of Training Program Overall:		15. Starting Wage Rate for Trainee On Contract:	
16. How Was Trainee Secured (Check One): <input type="checkbox"/> Union <input type="checkbox"/> Minority Organization or Agency <input type="checkbox"/> State Employment Agency <input type="checkbox"/> Other _____			
17. Has Trainee Received Copy of Training Program? Yes _____ No _____		18. Is Trainee Aware of His/Her Training Status? Yes _____ No _____	
19. Craft Union Affiliation And/Or Council Affiliation Of Trainee (Indicate below using N/A if not applicable) Union _____ Local Number _____ District Council _____ How Long A Member? _____			
20. PREPARED BY: (Signature and Title of Contractor's Representative)			21. Date
22. REVIEWED BY: (Signature and Title of OJT Compliance Officer – Central Office)			23. Date

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Contractor:			
Employment Period:			
Job Classification:			
OJT Trainee Termination/Completion Form			
1. Contractor Name and Address:			
2. Name of Trainee:		3. Address:	
4. Date of Birth:	5. Social Security Number: (last 4 digits)	6. Status: <input type="checkbox"/> New Hire <input type="checkbox"/> Upgrading – From what? _____	
7. Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	8. Racial/Ethnic Identification (Check One): <input type="checkbox"/> Black <input type="checkbox"/> American-Indian <input type="checkbox"/> Asian-Indian <input type="checkbox"/> Asian-Pacific <input type="checkbox"/> Hispanic <input type="checkbox"/> White		
9. Date Hired:	10. Date training started: Overall: ____/____/____ This contract: ____/____/____		11. Date terminated: ____/____/____
12. Job Classification (Trainee Program):		13. Number of Total Program Hours:	
14. Type of Training Program: <input type="checkbox"/> Union Apprenticeship <input type="checkbox"/> American Road Builders <input type="checkbox"/> Indiana Laborers Training Program <input type="checkbox"/> Contractor Developed/BAT Approved <input type="checkbox"/> Other – Specify _____			
15. Termination: <input type="checkbox"/> Fired <input type="checkbox"/> Quit <input type="checkbox"/> Lay Off <input type="checkbox"/> Transfer – To Where? _____			
16. Reason for Termination (If layoff, will Trainee be recalled?):			
17. Has Trainee completed Training? <input type="checkbox"/> Yes <input type="checkbox"/> No	18. Hours Completed this Contract:	19. Total Hours Completed:	20. Training Certificate Issued? <input type="checkbox"/> Yes <input type="checkbox"/> No
21. Current Union Affiliation: Union _____ Local No. _____	22. Wage Rates: Starting _____ Ending _____	23. Has Trainee Received Journeyman's Card? <input type="checkbox"/> Yes <input type="checkbox"/> No	
24. PREPARED BY: (Signature and Title of Contractor's Representative):		Date:	
25. REVIEWED BY: (Signature and Title of OJT Compliance Officer – Central Office):		Date:	

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Reporting District:	
Contractor:	
Payroll Period:	
Job Classification:	

1. Trainee Name:	2. Address:
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3. Date of Birth:	4. Social Security Number: (last 4 digits)	5. Phone Number:
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7. Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	8. Racial/Ethnic Identification (Check One) <input type="checkbox"/> Black <input type="checkbox"/> American-Indian <input type="checkbox"/> Asian-Indian <input type="checkbox"/> Asian-Pacific <input type="checkbox"/> Hispanic <input type="checkbox"/> White
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Date	Project #	INDOT Hours	Non-INDOT Hours
Total Hours This Reporting Period:			

Total Training Hours To Date: _____ Total INDOT Hours To Date: _____ Total Non-INDOT Hours To Date: _____
Prepared by (Signature of Contractor's Representative): <div style="display: flex; justify-content: space-between;"> <div>_____</div> <div>Date: _____</div> </div>

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Job Classification:										
Review Period:										
Completion Date:										
1. Contractor Name and Address:										
2. Name of Trainee:		3. Address:								
4. Age:	5. Date Of Birth.	6. Social Security Number: (last 4 digits)	7. Phone Number(s):							
7. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	8. Racial/Ethnic Identification (Check One): <input type="checkbox"/> Black <input type="checkbox"/> American-Indian <input type="checkbox"/> Asian-Indian <input type="checkbox"/> Asian-Pacific <input type="checkbox"/> Hispanic <input type="checkbox"/> White									
Contractor, please circle 1-10: (1, 2, 3 = Poor Performance) (4, 5, 6, 7 = Average Performance) (8, 9, 10 = Excellent Performance)										
9. Attendance:	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.
10. Attitude toward co-workers & employer:	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.
11. Job Knowledge:	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.
12. Use of time:	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.
13. Handling of tools, equipment & material:	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.
14. Observance of safety rules:	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.
15. Professional Appearance/Preparedness	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.
16. Overall Ability:	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.
18. Hours obtained this quarter _____ Total program hours obtained to date _____ Hours obtained on INDOT projects _____										
19. Comments:										
20. PREPARED BY: (Signature and Title of Contractor's Representative) <div style="text-align: right;">Date:</div>										
21. PREPARED BY: (Signature and Title of Contractor's EEO Officer) <div style="text-align: right;">Date:</div>										
22. REVIEWED BY: (Signature and Title of OJT Compliance Officer) <div style="text-align: right;">Date:</div>										

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Job Classification:	
Review Period:	
Contractor Name and Address:	
<p>Annual Training Goal: _____</p> <p>Hours Attained: _____</p> <p>Number of Trainees: _____</p> <p>Terminations: _____</p> <p>Completions: _____</p> <p>Contracts on which trainees worked: _____</p> <p>_____</p> <p>_____</p> <p>Notes: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	
PREPARED BY: (Signature and Title of Contractor's Representative) <div style="text-align: right;">Date:</div>	
PREPARED BY: (Signature and Title of Contractor's EEO Officer) <div style="text-align: right;">Date:</div>	
REVIEWED BY: (Signature and Title of OJT Compliance Officer) <div style="text-align: right;">Date:</div>	